

Miami County Health Department

Death Certificate Request Form

Name at Death: _____

Date of Death: _____

Place of Death: _____

Mail To: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Person Requesting Record: _____

Purpose of Record: _____

Your Daytime Phone Number (including area code): _____

Your Signature: _____ Today's Date: _____

Enclose a check or money order for \$10.00 per certificate made payable to the Board of Health and send it along with this completed form to:

Miami County Courthouse
Attention: Registrar
25 North Broadway Street, Room 106
Peru, IN 46970

In order to process your request, this form must be filled out completely.